

FIG. 1

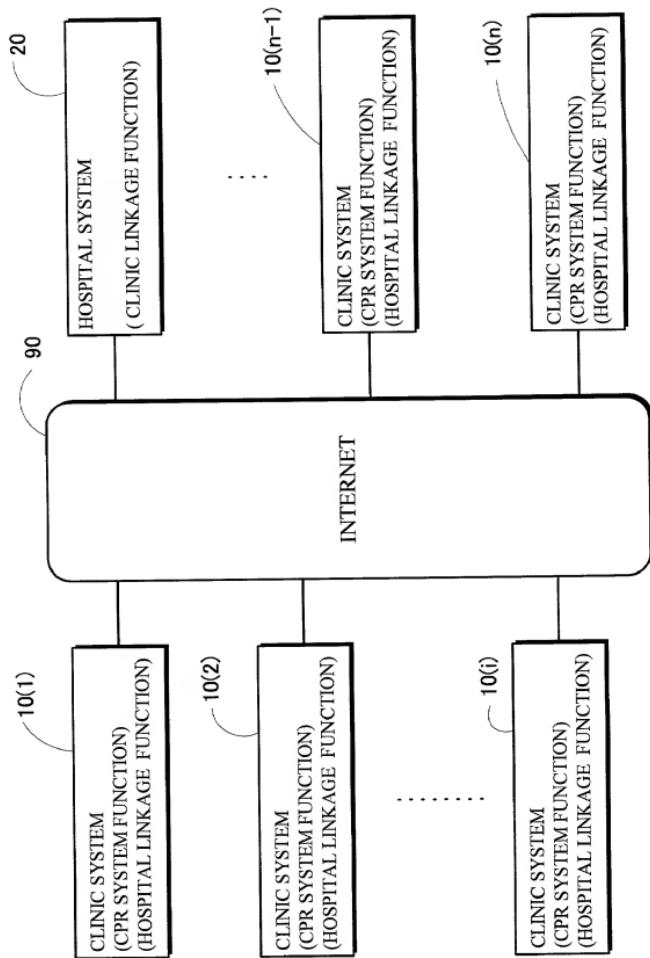


FIG. 2

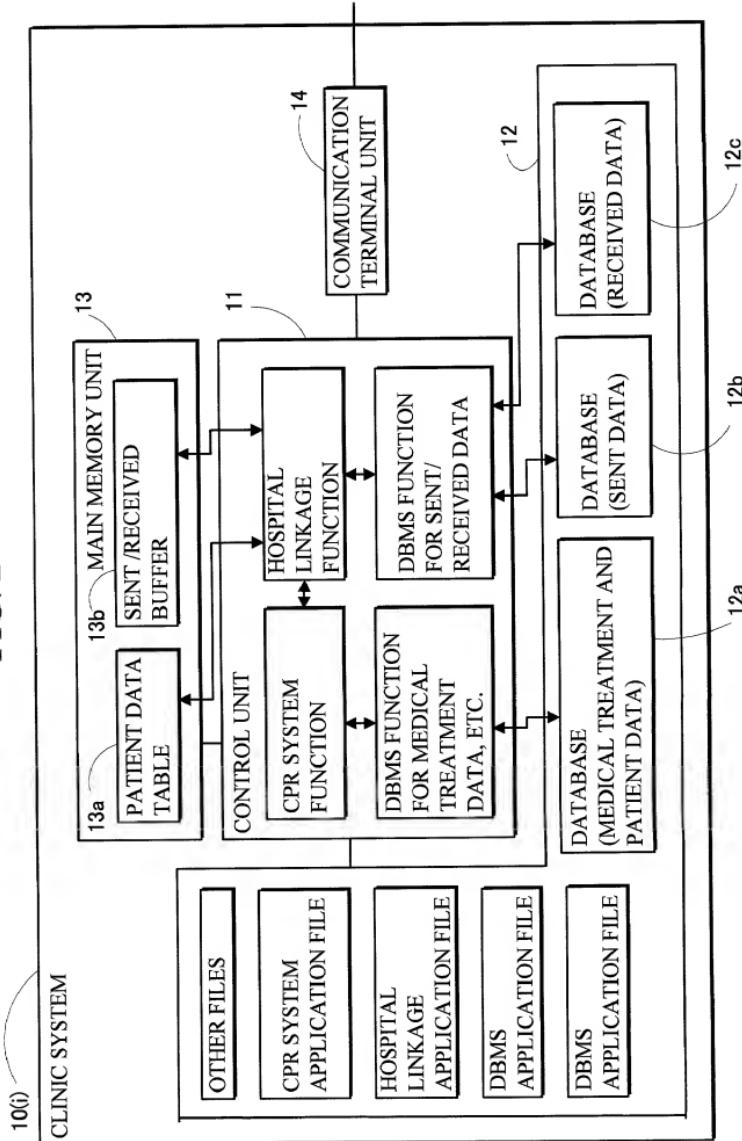


FIG. 3

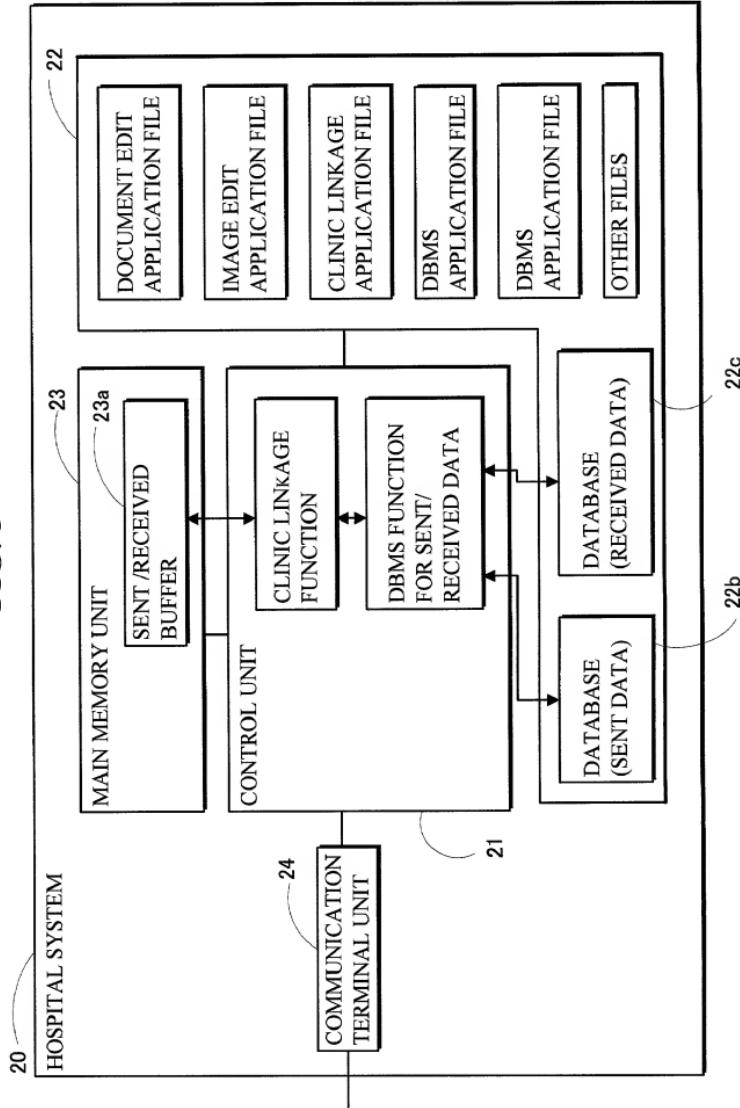


FIG. 4
KEY ← → → →

DATABASE (SENT DATA)

DATABASE (SENT DATA)				KEY ← → → →	
E-MAIL ID	SUBJECT	SENT-TO ID	SENT-FROM ID	INQUIRY CONTENTS	CHIEF COMPLAINT AND PRESENT ILLNESS
1	About Symptoms Of Diabetes	100	i	.....	.....
2	Confirmation Of Test Results	100	i	.....	.....
3	Confirmation Of Electrocardiogram	100	i	.....	.....
4	About This Patient	100	i	.....	.....

KEY ← → → →

12b

DATABASE (RECEIVED DATA)

DATABASE (RECEIVED DATA)				KEY ← → → →	
E-MAIL ID	SUBJECT	RECEIVER ID	REPRIED-FROM ID	REPLY CONTENTS	ATTACHMENT DATA
1	About Symptoms Of Diabetes	i	100	.....	.....
2	Confirmation Of Test Results	i	100	.....	.....
4	About This Patient	i	100	.....	.....
5	Confirmation Of Electrocardiogram	i	100	.....	.....

KEY ← → → →

12c

FIG. 5

22b

DATABASE (SENT DATA)

KEY ← → → →

E-MAIL ID	SUBJECT	REPLIED-ID	REPLIED-FROM ID	REPLY CONTENTS	ATTACHMENT DATA
1	About Symptoms Of Liver Disease	i-2	100	.....	.....
1	About Degree Of Kidney Disease	i-1	100	.....	.....
1	About Symptoms Of Diabetes	i	100	.....	.....
1	About Symptoms Of Liver Test Results	i+1	100	.....	.....

22c

DATABASE (RECEIVED DATA)

KEY ← → → →

E-MAIL ID	SUBJECT	RECEIVER ID	SENT-FROM ID	INQUIRY CONTENTS	CHIEF COMPLAINT AND PRESENT ILLNESS
1	About Symptoms Of Liver Disease	100	i-2	.....	.....
1	About Degree Of Kidney Disease	100	i-1	.....	.....
1	About Symptoms Of Diabetes	100	i	.....	.....
1	About Symptoms Of Liver Test Results	100	i+1	.....	.....

FIG. 6

PATIENT DATA TABLE (PATIENT ID = j)

DATA NAME	PERMIT/PROHIBIT (DO/NOT DO) <SENDING AND EDITING>	DATA CONTENTS		
NAME	Permit	KAWANO Ikuo		
NAME IN SYLLABLE	Permit	Ka-wa-no I-ku-ko		
SEX	Permit	Female		
DATE OF BIRTH	Permit	05/05/80		
AGE	Permit	20		
OCCUPATION	Permit	student		

13a

DATABASE (MEDICAL TREATMENT AND PATIENT DATA)

PATIENT ID	NAME	NAME IN SYLLABLE	SEX	DATE OF BIRTH	AGE	OCCUPATION	PHONE	ADDRESS
j-1	TANAKA Yosiko	Ta-na-ka Yo-siko	Female	06/12/70	30	Housewife	.....	.....
j	KAWANO Ikuo	Ka-wa-no I-ku-ko	Female	05/05/80	20	Student	.....	.....
j+1	SUZUKI Taro	Su-zu-ki Ta-ro	Male	10/10/75	24	Company employee	.....	.....

12a

FIG. 7

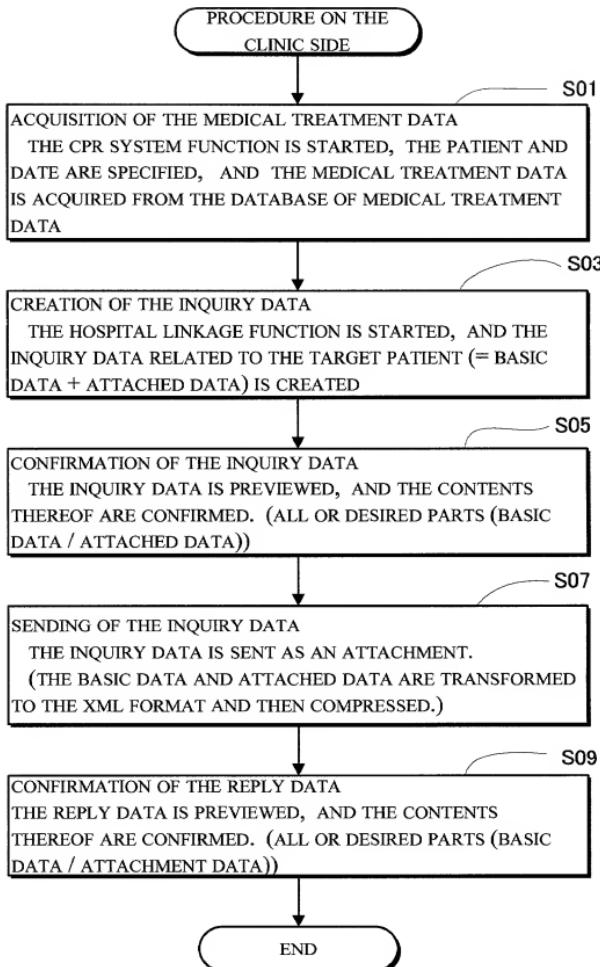


FIG. 8

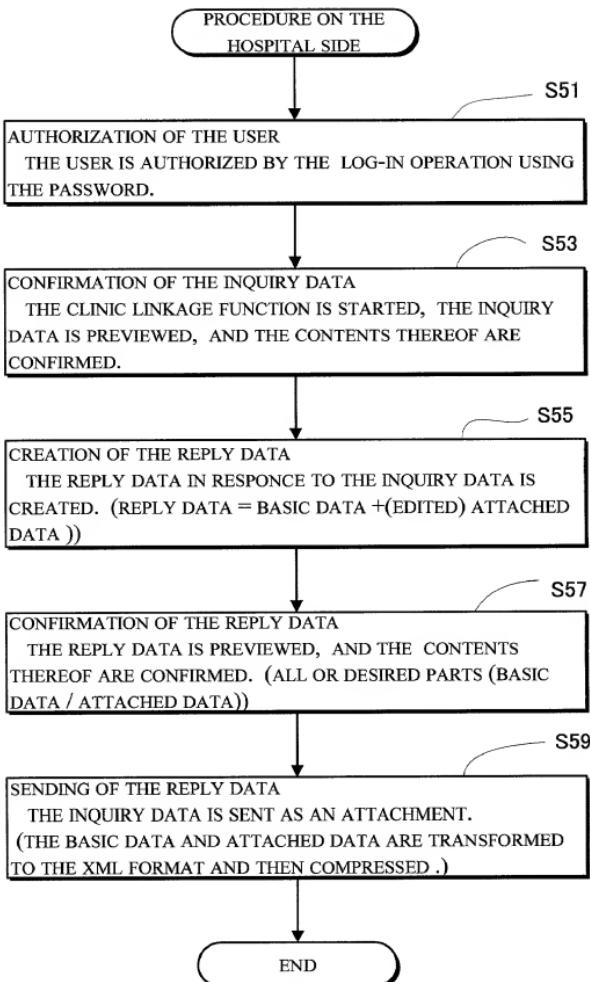


FIG. 9(a)

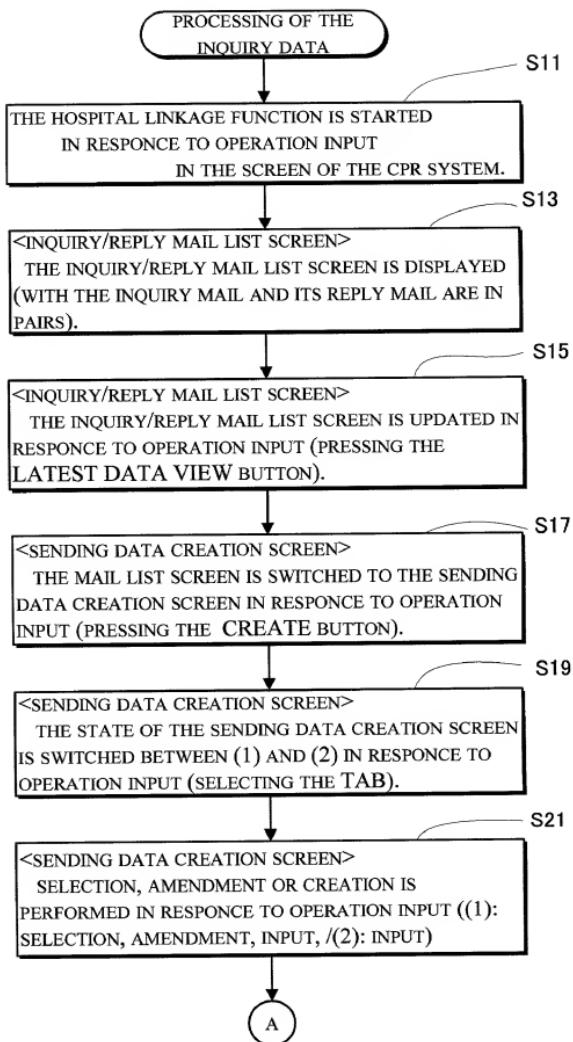


FIG. 9(b)

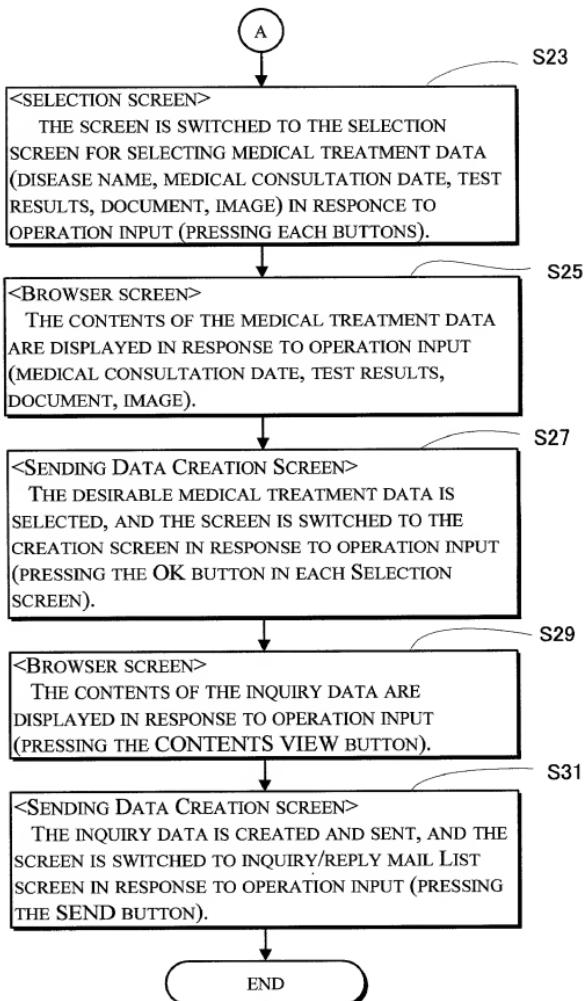


FIG. 10(a)

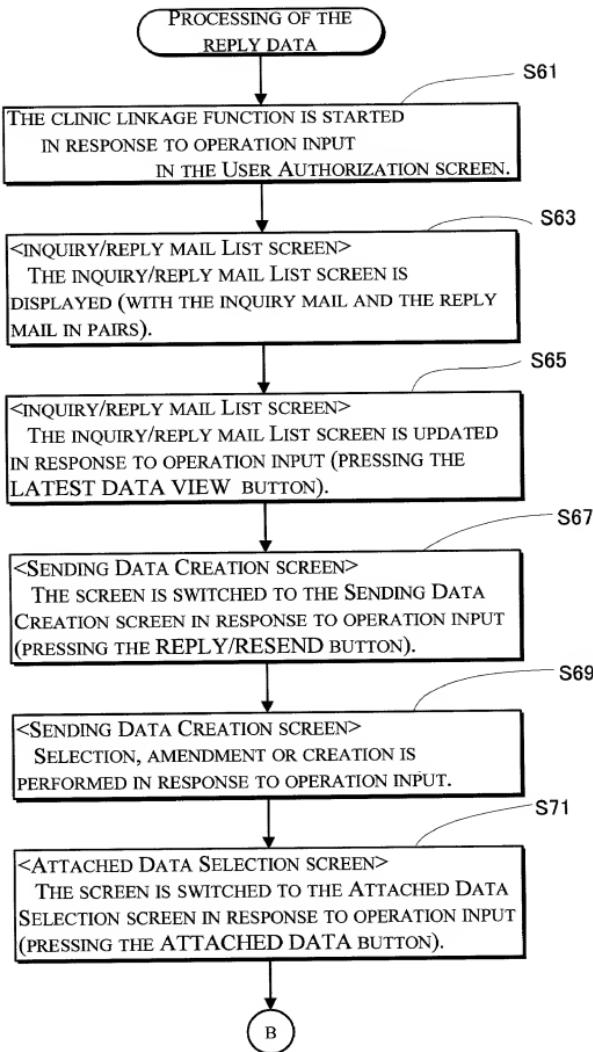


FIG. 10(b)

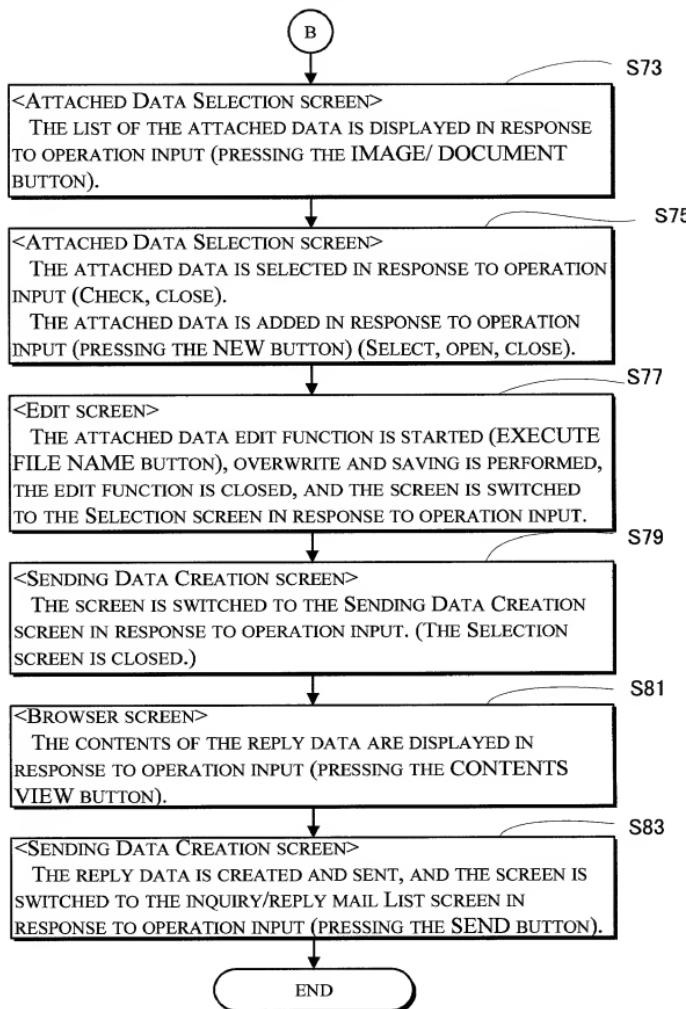


FIG. 11

HOSPITAL - CLINIC LINKAGE SYSTEM (CLINIC SIDE)					
HOSPITAL - CLINIC LINKAGE SYSTEM (CLINIC SIDE)					
	PATIENT NAME	SUBJECT	MEDICAL INSTITUTION NAME	INQUIRER / REPLIER	SENDING DATE AND TIME
SENDING	IWATA Tadashi	About Symptoms Of Diabetes	SATO CLINIC	Dr. SATO	09/56/22/06.01
RECEIVING	KUMAGAI Tomoko	Confirmation Of Test Results	NAGOYA HOSPITAL	Dr. SUZUKI	10/01/22/06.01
SENDING			SATO CLINIC	Dr. SATO	09/56/22/06.01
RECEIVING			NAGOYA HOSPITAL	Dr. SUZUKI	10/01/22/06.01
SENDING	UENO Hiroko	Confirmation Of Electrocardiogram	SATO CLINIC	Dr. SATO	10/02/22/06.01
RECEIVING			SATO CLINIC	Dr. SATO	10/01/22/06.01
SENDING	IWATA Tadashi	About This Patient	SATO CLINIC	Dr. SATO	10/32/27/06.01

SEARCHING

SEARCHING Date And Time

SEARCHING All Display

LASTEST DATA VIEW

CREATE

CONTENTS VIEW

RESEND

DELETE

CLOSE

FIG. 12

SENDING DATA CREATION SCREEN (TAB (1) STATE, CLINIC SIDE)

SENDING DATA CREATION		SENDING DATA CREATION																																																							
<table border="1"> <tr> <td colspan="2">BASIC DATA (1)</td> <td colspan="2">BASIC DATA (2)</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> PATIENT SELECTION TANAKA Yoshiko </td> <td colspan="2"> <input type="checkbox"/> SENT TO MEDICAL INSTITUTION NAGOYA HOSPITAL </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> INFORMATION OF THE PATIENT </td> <td colspan="2"> <input type="checkbox"/> DOCTOR NAME Dr. SUZUKI </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> NAME TANAKA Yoshiko </td> <td colspan="2"> <input type="checkbox"/> SENT FROM MEDICAL INSTITUTION SATO CLINIC </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> NAME IN Ta-na-ka Yo-shi-ko </td> <td colspan="2"> <input type="checkbox"/> ADDRESS 2-11, Oote 2-Chome, Higashi-Ku, Toyota-shi, Aichi 460-0213 </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> SYLLABLE </td> <td colspan="2"> <input type="checkbox"/> PHONE 0565-32-0548 </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> SEX Female </td> <td colspan="2"> <input type="checkbox"/> DOCTOR NAME Dr. SATO </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> DATE OF BIRTH 06.12.1970 </td> <td colspan="2"> <input type="checkbox"/> SPECIALTY internal medicine </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> AGE 30 </td> <td colspan="2"> <input type="checkbox"/> IMAGE </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> OCCUPATION Housewife </td> <td colspan="2"> <input type="checkbox"/> CANCEL SEND </td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> CONTENTS VIEW </td> </tr> </table>		BASIC DATA (1)		BASIC DATA (2)		<input type="checkbox"/> PATIENT SELECTION TANAKA Yoshiko		<input type="checkbox"/> SENT TO MEDICAL INSTITUTION NAGOYA HOSPITAL		<input type="checkbox"/> INFORMATION OF THE PATIENT		<input type="checkbox"/> DOCTOR NAME Dr. SUZUKI		<input type="checkbox"/> NAME TANAKA Yoshiko		<input type="checkbox"/> SENT FROM MEDICAL INSTITUTION SATO CLINIC		<input type="checkbox"/> NAME IN Ta-na-ka Yo-shi-ko		<input type="checkbox"/> ADDRESS 2-11, Oote 2-Chome, Higashi-Ku, Toyota-shi, Aichi 460-0213		<input type="checkbox"/> SYLLABLE		<input type="checkbox"/> PHONE 0565-32-0548		<input type="checkbox"/> SEX Female		<input type="checkbox"/> DOCTOR NAME Dr. SATO		<input type="checkbox"/> DATE OF BIRTH 06.12.1970		<input type="checkbox"/> SPECIALTY internal medicine		<input type="checkbox"/> AGE 30		<input type="checkbox"/> IMAGE		<input type="checkbox"/> OCCUPATION Housewife		<input type="checkbox"/> CANCEL SEND		<input type="checkbox"/> CONTENTS VIEW				<table border="1"> <tr> <td colspan="2">ATTACHED DATA</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> DISEASE NAME </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> CONSULTATION DATE </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> TEST RESULTS </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> DOCUMENT </td> </tr> </table>		ATTACHED DATA		<input type="checkbox"/> DISEASE NAME		<input type="checkbox"/> CONSULTATION DATE		<input type="checkbox"/> TEST RESULTS		<input type="checkbox"/> DOCUMENT	
BASIC DATA (1)		BASIC DATA (2)																																																							
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<input type="checkbox"/> SEX Female		<input type="checkbox"/> DOCTOR NAME Dr. SATO																																																							
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<input type="checkbox"/> AGE 30		<input type="checkbox"/> IMAGE																																																							
<input type="checkbox"/> OCCUPATION Housewife		<input type="checkbox"/> CANCEL SEND																																																							
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<input type="checkbox"/> CONSULTATION DATE																																																									
<input type="checkbox"/> TEST RESULTS																																																									
<input type="checkbox"/> DOCUMENT																																																									

FIG. 13

SENDING DATA CREATION SCREEN (TAB (2) STATE, CLINIC SIDE)

SENDING DATA CREATION

BASIC DATA (1)

SUBJECT: Please give us your opinion on our diagnosis of this disease.

BASIC DATA (2)

CHIEF COMPLAINT AND PRESENT ILLNESS: Chief complaint: Chest pain for a month (strong)
Present illness: None

Body data

Temperature: 35.9°C
Blood pressure: 115-88
Weight: 48.5kg
Height: 158cm
Gravida: 1

PROGRESS

The initial pain has been feeble and continued for these 6 months or so. The patient has not received any medical treatment but watched the development. The pain with chest squeeze has been increasingly growing.

ATTACHED DATA

DISEASE NAME

CONSULTATION DATE

TEST RESULTS

DOCUMENT

IMAGE

OTHERS

INQUIRY CONTENTS

About the cloud at the right chest of the photo. lung cancer is suspicious. The clinical history and the chest X-ray photograph image data are attached hereto. Please give us your opinion on our diagnosis.

PROMPT

Please give us additional comments, if any.

CONTENTS VIEW

SEND CANCEL

FIG. 14

DISEASE NAME SELECTION SCREEN

DISEASE NAME SELECTION

SELECTION	DISEASE NAME	STARTING DATE	OUTCOME DATE	OUTCOME
<input type="checkbox"/>	SUSPICION OF A GASTRIC ULR	09.11.1999		
<input type="checkbox"/>	DIABETES	28.09.2000		

DISEASE NAME SELECTION

ALL CLEAR

OK CANCEL

卷之三

FIG. 15

MEDICAL CONSULTATION DATE SELECTION SCREEN

FIG. 16

TEST RESULT SELECTION SCREEN

TEST RESULT SELECTION										
Period specification										
10.11.1999	23.10.2000									
RETRIEVAL										
GROUP	ITEM	20.01.00	3.01.00	06.01.00	28.12.99	22.12.99	15.12.99	08.12.99	01.12.99	▲
Hematological Test	LEUKOCYTE	6000								
	CORPOUSLE	580								
	HEMOGLOBIN	11.0								
	THROMBOCYTE	14.5								
	MCV	100								
	MCH	29.0								
	MCHC	32.3								
	SERUM	170	152	100		155	130	130	135	162
	TTT	3	3	1		3	3	3	3	3
	ZTT	125	10	120		125	10	105	10	108
Bio-Chemical Test	GOT	32	30	42	60	30	39	36	28	
	GPT	38	35	40	38	35	38	32	28	
	LDH	300	410	300	410	300	452	150	355	
	ALP	250	300	222	200	250	250	250	250	

FIG. 17

DATE INFORMATION INPUT DIALOG SCREEN

DATE INFORMATION INPUT DIALOG

DESIGNATED DATE 23/10/2000

OCTOBER 2000

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
22	22	22				

OK CANCEL

FIG. 18

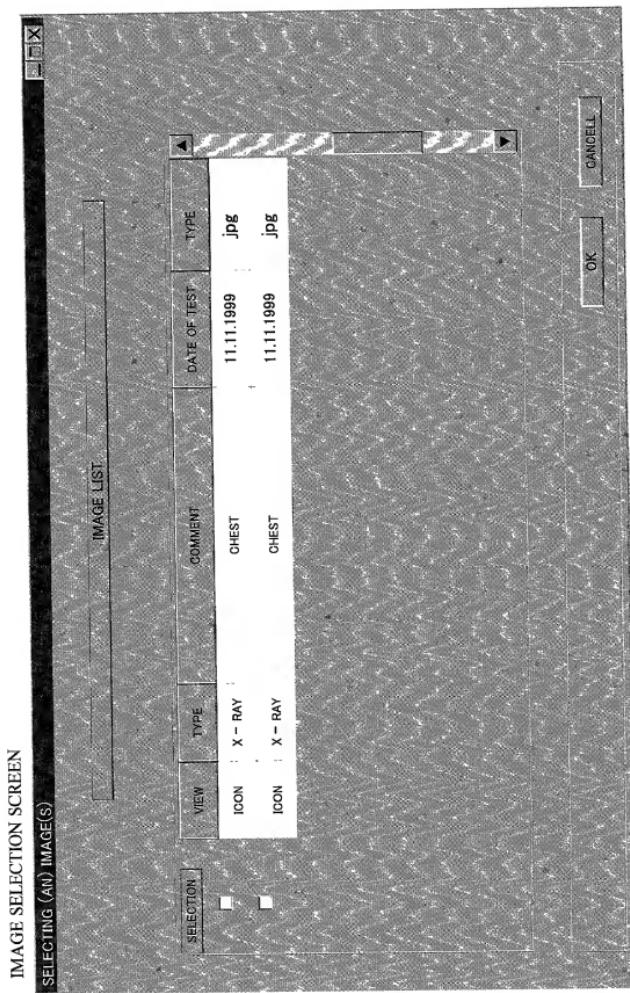


FIG. 19

DOCUMENT SELECTION SCREEN

DOCUMENT SELECTION					
DOCUMENT LIST					
SELECTION	VIEW	TYPE	COMMENT	DATE OF WRITE	WRITER
<input type="checkbox"/>	ICON	LETTER OF REFERRAL	ASTHMA	11.11.1999	Dr. SATO
<input type="checkbox"/>	ICON	MEDICAL CERTIFICATE	ASTHMA	11.11.1999	Dr. SATO
					ISSUE / RECEIVE
					ISSUE
					TYPE
					DOC
					TXT

FIG. 20(a)

BROWSER SCREEN (CLINIC SIDE)	
CONTENTS OF INQUIRY MAIL	
<p>ADDRESS: daimonji/data/sousin/atom/index.htm</p> <p>CONTENTS OF INQUIRY BASIC DATA</p>	
<p>ADDRESSEE</p> <p>MEDICAL INSTITUTION: NAGOYA HOSPITAL</p> <p>NAME IN SYLLABLE: I-wa-ta-Ta-da-shi</p> <p>NAME: IWATW Tadashi</p>	
<p>PATIENT INFORMATION</p> <p>DATE OF BIRTH: 05.05.1930</p> <p>AGE: 71</p> <p>SEX: MALE</p>	
<p>INQUIRING</p> <p>SUBJECT</p> <p>CHIEF COMPLAINT: Chest pain for a month (strong)</p> <p>PRESENT ILLNESS: None</p> <p>PROGRESS</p> <p>The initial pain has been feeble and continued for these 6 months or so. The pain with chest squeeze has been increasingly growing.</p>	
<p>COMMENTS</p> <p>About the cloud at the right chest of the photo, lung cancer is suspicious. The clinical history and the chest X-ray photograph image data are attached hereto.</p> <p>Please give us your opinion on our diagnosis.</p>	
<p>SENT FROM</p> <p>MEDICAL INSTITUTION: SATO CLINIC</p> <p>SPECIALITY: INTERNAL MEDICINE</p> <p>DATE OF WRITING: 08.5.125/29.06.2001</p> <p>PHONE: 0565-32-6548</p> <p>ADDRESS: 2-11, oote 2-chome, higashi-ku, toyota-shi, aichi 460-0213</p>	
<p>BASIC DATA</p> <p>DISEASE HISTORY</p> <p>MEDICAL HISTORY</p> <p>TEST RESULT</p> <p>IMAGE</p>	

FIG. 20(b)

BROWSER SCREEN (CLINIC SIDE)

CONTENTS OF REPLY MAIL		c:/dimness/data/soushin/attempt/index.htm	
REPLY HISTORY		ADDRESS	
DATE AND TIME OF REPLY 08:55:04/29/06 2001		MEDICAL INSTITUTION SATO CLINIC	
08:55:44/29/06 2001		NAME IN SYLLABLE I-wa-ta Ta-da-shi	
08:56:12/29/06 2001		NAME IWA TW Tadashi	
08:56:12/29/06 2001		REPLY HISTORY	
CONTENTS OF REPLY BASIC DATA		CONTENTS OF REPLY BASIC DATA	
RECIPIENT		RECIPIENT	
MEDICAL INSTITUTION NAGOYA HOSPITAL		MEDICAL INSTITUTION 2-11, Do 2-chome, Higashi-ku, Nagoya-shi, Aichi 468-2983	
ADDRESS		ADDRESS	
INTERNAL MEDICINE		INTERNAL MEDICINE	
SPECIALTY		SPECIALTY	
DATE OF WRITING 09:51:25/29/06 2001		DATE OF WRITING 09:51:25/29/06 2001	
REPLY MESSAGE		REPLY MESSAGE	
DOCUMENTS / IMAGES		DOCUMENTS / IMAGES	
BASIC DATA		BASIC DATA	

FIG. 21

INQUIRY/REPLY MAIL LIST SCREEN (HOSPITAL SIDE)

HOSPITAL - CLINIC LINKAGE SYSTEM

HOSPITAL - CLINIC LINKAGE SYSTEM (HOSPITAL SIDE)

	PATIENT NAME	SUBJECT	MEDICAL INSTITUTION NAME	INQUIRER / REPLIER	SENDING DATE AND TIME
RECEIVING	IWATA Tadashi	About Symptoms Of Diabetes	SATO CLINIC	Dr. SATO	09:56/22.06.01
SENDING			NAGOYA HOSPITAL	Dr. SUZUKI	10:01/22.06.01
RECEIVING	KUMAGAI Tomoko	Confirmation Of Test Results	SATO CLINIC	Dr. SATO	09:58/22.06.01
SENDING			NAGOYA HOSPITAL	Dr. SUZUKI	10:01/22.06.01
RECEIVING	UENO Hiroko	Confirmation Of Electrocardiogram	SATO CLINIC	Dr. SATO	10:02/22.06.01
RECEIVING	IWATA Tadashi	About This Patient	SATO CLINIC	Dr. SATO	10:32/27.06.01

SEARCHING	Sending Date And Time
SEARCHING	Latest Data View
SEARCHING	Reply
SEARCHING	Contents View
SEARCHING	RESEND
SEARCHING	DELETE
SEARCHING	CLOSE

All Display

Filtering

FIG. 22

SENDING DATA CREATION SCREEN(HOSPITAL SIDE)

REPLYING DATA CREATION	
<input type="checkbox"/> TO	MEDICAL INSTITUTION SATO CLINIC
<input type="checkbox"/> DOCTOR NAME	Dr. SATO
<input type="checkbox"/> SPECIALTY	internal medicine
<input type="checkbox"/> FROM	NAGOYA HOSPITAL
<input type="checkbox"/> MEDICAL INSTITUTION	2-11, Doi 2-Chome, Higashi-ku, Nagoya Shi, Aichi 488-2983
<input type="checkbox"/> ADDRESS	052-204-3588
<input type="checkbox"/> PHONE	Dr. SUZUKI
<input type="checkbox"/> DOCTOR NAME	internal medicine
<input type="checkbox"/> SPECIALTY	
<input type="checkbox"/> ORIGINAL INQUIRY <input type="checkbox"/> ATTACH	
REPLYING DATA CREATION	
Please give us your opinion on our diagnosis of this disease.	
Early removal of the affected part is required. Please check the attachment data and take action accordingly.	
FILE ATTACH	
CONTENTS VIEW	
SEND	
CANCEL	

FIG. 23

ATTACHED DATA SELECTION SCREEN (HOSPITAL SIDE)

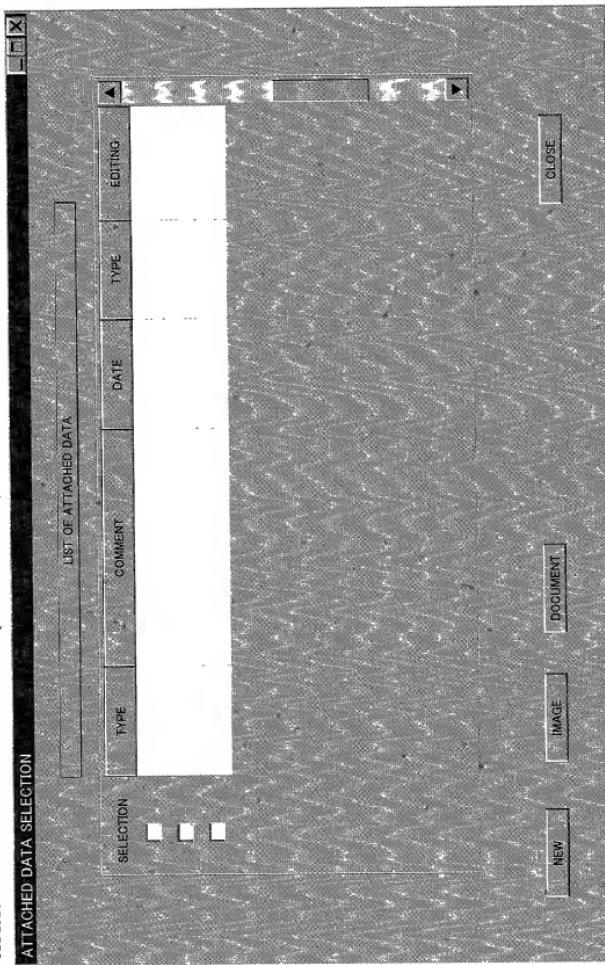


FIG. 24 TYPE "LT023560"

ATTACHED DATA SELECTION SCREEN (HOSPITAL SIDE)

ATTACHED DATA LIST

ATTACHED DATA LIST					
SELECTION	TYPE	COMMENT	DATE	TYPE	EDITING
<input type="checkbox"/>	X-RAY	CHEST	09.11.1999	jpg	<input type="checkbox"/> WANNAMEXE
<input type="checkbox"/>	X-RAY	CHEST	09.11.1999	jpg	<input type="checkbox"/> WANNAMEXE
<input type="checkbox"/>	CT	CHEST	09.11.1999	jpg	<input type="checkbox"/> WANNAMEXE
<input type="checkbox"/>	CT	CHEST	09.11.1999	jpg	<input type="checkbox"/> WANNAMEXE
<input type="checkbox"/>	MEDICAL CERTIFICATE	3 DAYS OFF	09.11.1999	rtf	<input type="checkbox"/> WANNAMEXE
<input type="checkbox"/>	LETTER OF REFERRAL	DOCUMENT INPUTTED	19.10.2000	bmp	<input type="checkbox"/> PERLISXE
<input type="checkbox"/>	LETTER OF REFERRAL	LETTER OF REFERRAL WITH DISEASE CONDITION	19.10.2000	tiff	<input type="checkbox"/> WANNAMEXE

NEW Image document CLOSE

FIG. 25

ATTACHED DATA LIST SCREEN (HOSPITAL SIDE)

ATTACHED DATA LIST

ATTACHED DATA LIST					
SELECTION	TYPE	COMMENT	DATE	TYPE	EDITING
<input type="checkbox"/>	X-RAY	CHEST	09.11.1999	jpg	WANGMEIEKE
<input type="checkbox"/>	X-RAY	CHEST	09.11.1999	jpg	WANGMEIEKE
<input type="checkbox"/>	CT	CHEST	09.11.1999	jpg	WANGMEIEKE
<input type="checkbox"/>	CT	CHEST	09.11.1999	jpg	WANGMEIEKE
<input type="checkbox"/>	MEDICAL CERTIFICATE	3 DAYS OFF	09.11.1999	rtf	WANGPARAEE
<input type="checkbox"/>	LETTER OF REFERRAL	DOCUMENT INPUTTED	19.10.2000	bmp	PRASITRAE

NEW [Image](#) [document](#) CLOSE

FIG. 26

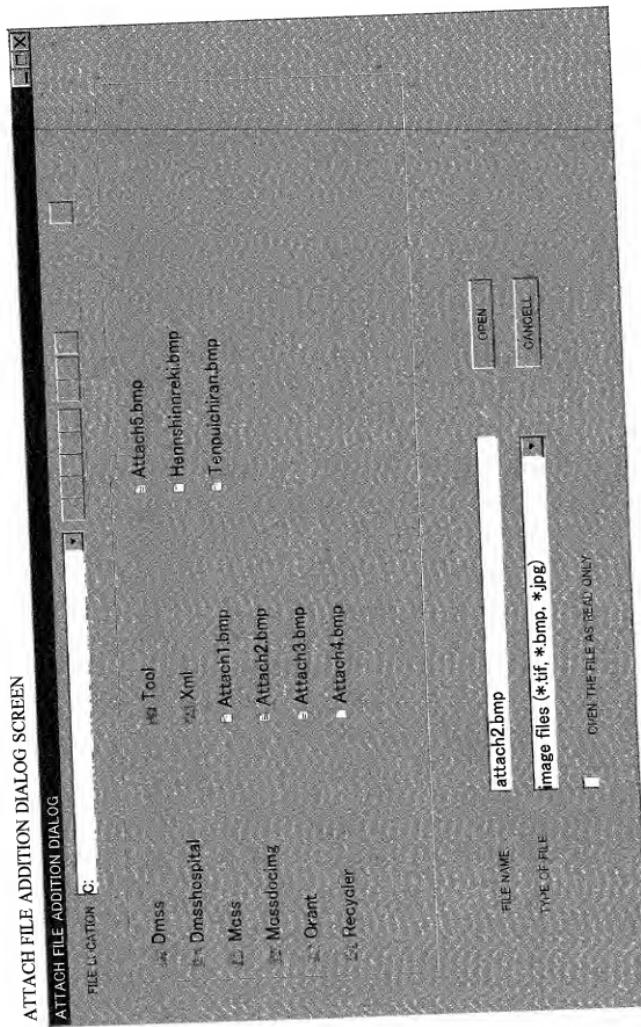


FIG. 27

ATTACHED DATA LIST SCREEN (HOSPITAL SIDE)

ATTACHED DATA LIST					
ATTACHED DATA LIST					
SELECTION	TYPE	COMMENT	DATE	TYPE	EDITING
<input type="checkbox"/>	X-RAY	CHEST	09.11.1999	jpg	<input type="checkbox"/>
<input type="checkbox"/>	X-RAY	CHEST	09.11.1999	jpg	<input type="checkbox"/>
<input type="checkbox"/>	CT	CHEST	09.11.1999	jpg	<input type="checkbox"/>
<input type="checkbox"/>	CT	CHEST	09.11.1999	jpg	<input type="checkbox"/>
<input type="checkbox"/>	MEDICAL CERTIFICATE	3 DAYS OFF	09.11.1999	rtf	<input type="checkbox"/>
<input type="checkbox"/>	LETTER OF REFERRED	DOCUMENT INPUTTED	19.10.2000	bmp	<input type="checkbox"/>
<input type="checkbox"/>	MANUAL INPUT	ADDED DATA		bmp	<input type="checkbox"/>

FIG. 28(a)

CONTENTS OF INQUIRY MAIL		
ADDRESS	c:/dimrms/data/sousin/astemp/index.htm	
CONTENTS OF INQUIRY BASIC DATA		
ADRESSEE		
MEDICAL INSTITUTION NAGOYA HOSPITAL		
PATIENT INFORMATION		
NAME IN SYLLABLE	1-wa-ta Ta-da-shi	
NAME	IWATW Tadashi	
SUBJECT	Please give us your opinion on our diagnosis of this disease.	
CHIEF COMPLAINT	Chief complaint: Chest pain for a month (strong)	
PRESENT ILLNESS	Present illness: None	
PROGRESS	The initial pain has been feeble and continued for three 6 months or so. The pain with chest squeeze has been increasingly growing.	
COMMENTS	About the cloud at the right chest of the photo, lung cancer is suspicious. The clinical history and the chest X-ray photograph image data are attached hereto.	
OTHERS	Please give us your opinion on our diagnosis.	
INQUIRING		
SENT-FROM		
MEDICAL INSTITUTION	SATO CLINIC	
SPECIALITY	INTERNAL MEDICINE	
DATE OF WRITING	095125/29.06.2001	
PHONE	0565-32-6548	
ADDRESS	2-11, oote 2-chome, hiashishi, aichi 460-0213	
TEST RESULT		
DISEASE HISTORY		
MEDICAL HISTORY		
BASIC DATA		

BROWSER SCREEN (HOSPITAL SIDE)

FIG. 28(b)

CONTENTS OF REPLY MAIL																																																			
<input type="checkbox"/> Address <input type="checkbox"/> c:/dimmas/data/sousin/attempt/index.htm																																																			
<table border="1"> <tr> <td>REPLY HISTORY</td> <td>DATE AND TIME OF REPLY</td> </tr> <tr> <td>08:56:04 29.06.2001</td> <td>08:55:34 29.06.2001</td> </tr> <tr> <td>09:36:12 29.06.2001</td> <td>NOT YET SENT</td> </tr> </table>		REPLY HISTORY	DATE AND TIME OF REPLY	08:56:04 29.06.2001	08:55:34 29.06.2001	09:36:12 29.06.2001	NOT YET SENT																																												
REPLY HISTORY	DATE AND TIME OF REPLY																																																		
08:56:04 29.06.2001	08:55:34 29.06.2001																																																		
09:36:12 29.06.2001	NOT YET SENT																																																		
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FIG. 29

DATABASE (SENT/RECEIVED DATA, HOSPITAL SIDE)

MAIL ID	MESSAGE ID	MESSAGE TYPE	REPLY FLAG	MESSAGE STATUS	SERIAL NUMBER	LATEST FLAG	INQUIRY SEND TIME
1	TANAKA CLINIC	1	2	1	1	1	
2	TANAKA CLINIC	2	2	1	1	1	
3	ITO CLINIC	1	2	1	1	1	
4	TANAKA CLINIC	2	2	1	1	0	
5	TANAKA CLINIC	2	2	2	2	1	
	010610						
	010611						
	010611						

MAIL ID (AUTO NUMBERING)

MESSAGE ID (TEXT TYPE)

MESSAGE TYPE (1:INQUIRY, 2:REPLY)

MESSAGE STATUS (1:READ, 2:NOT READ, 3:SENT)

SERIAL NUMBER (SERIAL NUMBER OF DOCUMENT)

LATEST FLAG (0:NOT LATEST, 1:LATEST)

REPLY FLAG (1:NOT REPLY, 2:REPLIED)